

## PHOCIS Client Information Worksheet

Reason for Today's Visit:

Date (MM/DD/YYYY):

### CLIENT DEMOGRAPHICS

Name: (Last, First, Middle)

Suffix (Jr., Sr., III)

Date of Birth (MM/DD/YYYY):

SSN:

Gender:

☐ Female ☐ Male

Birth Country:

Birth State:

Foster Child:

☐ Yes ☐ No

Race:

- ☐ American Indian/Alaskan Native  
☐ Asian  
☐ Black/African American  
☐ Native Hawaiian/ Pacific Island  
☐ White  
☐ Other: \_\_\_\_\_

Marital Status:

- ☐ Married  
☐ Single  
☐ Divorced  
☐ Widowed  
☐ Legally Separated  
☐ Unknown

Hispanic or Latino:

☐ Yes ☐ No

Insurance Type:

- ☐ IHS  
☐ Private  
☐ Medicaid  
☐ Medicare  
☐ No Insurance

Primary Language:

- ☐ English  
☐ Spanish  
☐ American Sign  
☐ Other: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

### TODAY'S VISIT

MAY WE BILL YOUR INSURANCE? ☐ No ☐ Yes

YOUR INSURANCE POLICY HOLDER MAY RECEIVE INFORMATION ABOUT TODAY'S VISIT IF MARKED "YES".

### ADDRESS (PLEASE LIST ALL THAT APPLY)

Street Number and Name	City	State	Zip Code	May we contact you at this address?
Address:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Confidential Address:				<input type="checkbox"/> Yes <input type="checkbox"/> No

### PHONE NUMBERS (LIST ONLY NUMBERS AT WHICH WE MAY CONTACT YOU)

Phone Number:	Message/Text Phone Number:
Emergency Contact Name:	Emergency Contact Phone Number:

### HOUSEHOLD INCOME

Income: \$ _____ per <input type="checkbox"/> Year <input type="checkbox"/> Hour / Numbers of hours worked per week: _____ <input type="checkbox"/> Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Every Other Week <input type="checkbox"/> Month	Number of people in household supported by income:
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### GUARDIANSHIP (REQUIRED FOR ALL CLIENTS UNDER 18 YEARS OF AGE)

Name: (Last, First, Middle)	SSN:
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____	